ER: COMPLETE THIS SECTION nplete items 1, 2, and 3, Also complete n 4 if Restricted Delivery is desired. rint your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Canal Barge Company, Inc.

A. Signature B. Received by (Printed Name) K LOWERY D. Is delivery address different from item 1? If YES, enter delivery address below:

9347152

3. Service Type ☐ Certifled Mail ☐ Registered

☐ Express Mail

☐ C.O.D.

☐ Return Receipt for Merchandise

☐ Yes

□ Agent

C. Date of Delivery

☐ Yes

□ No

□ Addressee

0150 0000 2452

☐ Insured Mail

4. Restricted Delivery? (Extra Fee)

102595-02-M-1540

(Transfer from service label) PS Form 3811, February 2004

2. Article Number-

1801 Engineers Road Belle Chasse, Louisiana 70037

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box

